

April 2024

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Public Four-Year Universities

Name: Dr. La Tonia Collins Smith
Institution: Harris-Stowe State University

Phone: 314-340-3335
Contact Person: Brian M. Huggins

Direct Compensation:

All items should be annual dollar amounts. For benefits included in the compensation package for the president/chancellor which exceed those provided for all other employees (other than base salary) indicate the amount of the extra compensation in the specified column.

	FY 20	23 Actual Expendit	ures	FY 20:	24 Estimated Expen	
		Private Funds			Private Funds (e.g.	
	Institutional	(e.g. Institution	Amount Above	Institutional	Institution	Amount Above
	Operating Funds	Foundations)	Standard Benefit	Operating Funds	Foundations)	Standard Benefit
Base salary	\$290,000			\$320,000		
Medical/dental/vision insurance for self						
Medical/dental/vision insurance for spouse/family	\$9,948			\$12,392		
Long-term disability for self	\$302			\$302		
Deferred compensation						
Retirement benefit	\$76,357			\$87,232		
Other (please specify)						
Basic Life Insurance	\$198			\$198		
A D and D Insurance	\$19			\$19		
Total	\$376,824	\$0	\$0	\$420,143	\$0	\$0
Additional life insurance	Value					
Annuity	Value					

Other Compensation:

	FY 20	23 Actual Expendit	ures	FY 20	24 Estimated Expen	ditures
	1120	25 / letaal Expellate	1	1120		l
			Estimated Value			Estimated Value
		Private Funds	of Compensation		Private Funds (e.g.	of Compensation
	Institutional	(e.g. Institutional	(not reflected in	Institutional	Institutional	(not reflected in
	Operating Funds	Foundations)	budget)	Operating Funds	Foundations)	budget)
Housing	\$48,000			\$48,000		
Utilities						
Housing allowance (provided for private						
rent/lease/purchase)						
Housekeeper						
Custodian, groundskeeper						
Insurance for personal property						
Entertainment						
Automobile						
Automobile allowance (provided for private						
lease/purchase)						
Automobile repair/maintenance/mileage						
Professional development						
Expense for spouse/family to attend meetings						
Club/other memberships						
Other (please specify)						
Annuity	\$36,000			\$36,000		
TOTAL	\$84,000	\$0	\$0	\$84,000	\$0	\$0

Name: Dr. John Moseley
Institution: Lincoln University
Phone: 573-681-5073
Contact Person: Jeff Barlow

Direct Compensation:

All items should be annual dollar amounts. For benefits included in the compensation package for the president/chancellor which exceed those provided for all other employees (other than base salary) indicate the amount of the extra compensation in the specified column.

	FY 20	23 Actual Expendit	ures	FY 202	24 Estimated Expen	
		Private Funds		Private Funds (e.g.		
	Institutional	(e.g. Institution	Amount Above	Institutional	Institution	Amount Above
	Operating Funds	Foundations)	Standard Benefit	Operating Funds	Foundations)	Standard Benefit
Base salary	\$250,000			\$272,500		
Medical/dental/vision insurance for self	\$24,407			\$25,231		
Medical/dental/vision insurance for spouse/family						
Long-term disability for self	\$1,113			\$1,314		
Deferred compensation						
Retirement benefit	\$65,826			\$80,474		
Other (Basic Life)	\$880			\$1,039		
Total	\$342,226	\$0	\$0	\$380,558	\$0	\$0
Additional life insurance	Value					
	\$0					
Annuity	\$25,000					

Other Compensation:

	FY 20	23 Actual Expendit	ures	FY 20	24 Estimated Expen	ditures
		Private Funds	Estimated Value of Compensation		Private Funds (e.g.	Estimated Value of Compensation
	Institutional Operating Funds	(e.g. Institutional Foundations)	(not reflected in budget)	Institutional Operating Funds	Institutional Foundations)	(not reflected in budget)
Housing	\$36,000	,	budgety	\$37,080	, , , , , , , , , , , , , , , , , , ,	budget,
Utilities	17165.76			\$17,681		
Housing allowance (provided for private rent/lease/purchase)						
Housekeeper	\$8,760			\$9,023		
Custodian, groundskeeper	\$20,261			\$20,869		
Insurance for personal property						
Entertainment						
Automobile						
Automobile allowance (provided for private lease/purchase)	\$6,600			\$12,000		
Automobile repair/maintenance/mileage						
Professional development						
Expense for spouse/family to attend meetings						
Club/other memberships		\$11,108			\$11,108	
Other (please specify)						
TOTAL	\$88,787	\$11,108	\$0	\$96,653	\$11,108	\$0

Name: Dr. Dean Van Galen

Institution: Missouri Southern State University

Phone: 417-659-3797

Contact Person: Linda Eis, Chief Financial Officer

Direct Compensation:

All items should be annual dollar amounts. For benefits included in the compensation package for the president/chancellor which exceed those provided for all other employees (other than base salary) indicate the amount of the extra compensation in the specified column.

	FY 20	23 Actual Expendit	ures	FY 20	24 Estimated Expen	ditures
		Private Funds			Private Funds (e.g.	
	Institutional	(e.g. Institution	Amount Above	Institutional	Institution	Amount Above
	Operating Funds	Foundations)	Standard Benefit	Operating Funds	Foundations)	Standard Benefit
Base salary	\$275,000			\$275,000		
Medical/dental/vision insurance for self	\$8,177			\$6,262		
Medical/dental/vision insurance for spouse/family	\$3,365			\$2,969		
Long-term disability for self	\$260			\$260		
Deferred compensation						
Retirement benefit	\$72,408			\$74,965		
Other (please specify)						
Basic Life and ADD	\$370			\$513		
Wellness health insurance incentive credit	\$0			\$300		
Total	\$359,580	\$0	\$0	\$360,269	\$0	\$0
Additional life insurance	Value					
Annuity	Value					

Other Compensation:

	FY 20	23 Actual Expendit	ures	FY 20	24 Estimated Expen	ditures
	Institutional Operating Funds	Private Funds (e.g. Institutional Foundations)	Estimated Value of Compensation (not reflected in budget)	Institutional Operating Funds	Private Funds (e.g. Institutional Foundations)	Estimated Value of Compensation (not reflected in budget)
Housing	\$35,000			\$35,000		
Utilities						
Housing allowance (provided for private rent/lease/purchase)						
Housekeeper						
Custodian, groundskeeper						
Insurance for personal property						
Entertainment						
Automobile						
Automobile allowance (provided for private lease/purchase)	\$25,000			\$25,000		
Automobile repair/maintenance/mileage						
Professional development						
Expense for spouse/family to attend meetings						
Club/other memberships	\$6,325			\$6,325		
Other (please specify)						
TOTAL	\$66,325	\$0	\$0	\$66,325	\$0	\$0

Name: Clif Smart, President
Institution: Missouri State University
Phone: 417-836-3002
Contact Person: Kristin Bilyeu

Direct Compensation:

All items should be annual dollar amounts. For benefits included in the compensation package for the president/chancellor which exceed those provided for all other employees (other than base salary) indicate the amount of the extra compensation in the specified column.

	FY 20	23 Actual Expendit	ures	FY 20	24 Estimated Expen	ditures
		Private Funds			Private Funds (e.g.	
	Institutional	(e.g. Institution	Amount Above	Institutional	Institution	Amount Above
	Operating Funds	Foundations)	Standard Benefit	Operating Funds	Foundations)	Standard Benefit
Base salary	\$407,056			\$427,409		
Medical/dental/vision insurance for self	\$5,455			\$5,684		
Medical/dental/vision insurance for spouse/family	\$5,045			\$5,247		
Long-term disability for self	\$240			\$240		
Deferred compensation						
Retirement benefit	\$82,368			\$92,732		
Other (please specify)						
Retention Payment	\$25,000		\$25,000	\$75,000		\$75,000
Accidental Death & Dismemberment	\$47			\$47		
Basic Life Insurance	\$191			\$191		
Total	\$525,402	\$0	\$25,000	\$606,550	\$0	\$75,000
Additional life insurance	Value					
Annuity	Value					

Other Compensation:

	FY 20	23 Actual Expendit	ures	FY 2024 Estimated Expenditures		
	Institutional Operating Funds	Private Funds (e.g. Institutional Foundations)	Estimated Value of Compensation (not reflected in budget)	Institutional Operating Funds	Private Funds (e.g. Institutional Foundations)	Estimated Value of Compensation (not reflected in budget)
Housing						
Utilities						
Housing allowance (provided for private rent/lease/purchase)	\$40,000			\$40,000		
Housekeeper						
Custodian, groundskeeper						
Insurance for personal property						
Entertainment						
Automobile						
Automobile allowance (provided for private lease/purchase)						
Automobile repair/maintenance/mileage						
Professional development						
Expense for spouse/family to attend meetings						
Club/other memberships	\$1,250	\$6,876		\$1,250	\$7,440	
Other (please specify)						
TOTAL	\$41,250	\$6,876	\$0	\$41,250	\$7,440	\$0

Name: Dr. Dennis Lancaster, Chancellor

Institution: Missouri State University - West Plains

Phone: 417-836-3002 Contact Person: Kristin Bilyeu

Direct Compensation:

All items should be annual dollar amounts. For benefits included in the compensation package for the president/chancellor which exceed those provided for all other employees (other than base salary) indicate the amount of the extra compensation in the specified column.

	FY 20	23 Actual Expendit	ures		24 Estimated Expen	
		Private Funds			Private Funds (e.g.	
	Institutional	(e.g. Institution	Amount Above	Institutional	Institution	Amount Above
	Operating Funds	Foundations)	Standard Benefit	Operating Funds	Foundations)	Standard Benefit
Base salary	\$166,400			\$174,720		
Medical/dental/vision insurance for self	\$5,292			\$5,521		
Medical/dental/vision insurance for spouse/family	\$5,292			\$5,521		
Long-term disability for self	\$200			\$210		
Deferred compensation						
Retirement benefit	\$48,552			\$52,536		
Other (please specify)						
Accidental Death & Dismemberment	\$26			\$27		
Basic Life Insurance	\$106			\$111		
Total	\$225,868	\$0	\$0	\$238,646	\$0	\$0
Additional life insurance	Value					
Annuity	Value					

Other Compensation:

	FY 20	23 Actual Expendit	ures	FY 20:	24 Estimated Expen	ditures
		Private Funds	Estimated Value		Private Funds (e.g.	Estimated Value
	Institutional	(e.g. Institutional	of Compensation	Institutional	Institutional	of Compensation
	Operating Funds	Foundations)	(not reflected in	Operating Funds	Foundations)	(not reflected in
Housing						
Utilities						
Housing allowance (provided for private						
rent/lease/purchase)	\$18,000			\$18,000		
Housekeeper						
Custodian, groundskeeper						
Insurance for personal property						
Entertainment						
Automobile						
Automobile allowance (provided for private						
lease/purchase)						
Automobile repair/maintenance/mileage						
Professional development						
Expense for spouse/family to attend meetings						
Club/other memberships	\$1,665			\$1,729		
Other (please specify)						
TOTAL	\$19,665	\$0	\$0	\$19,729	\$0	\$0

Name: Elizabeth Kennedy

Institution: Missouri Western State University

Phone: 816-271-4587

Contact Person: Sara Freemyer, Director of Human Resources

Direct Compensation:

All items should be annual dollar amounts. For benefits included in the compensation package for the president/chancellor which exceed those provided for all other employees (other than base salary) indicate the amount of the extra compensation in the specified column.

	FY 20	23 Actual Expendit	ures	FY 202	24 Estimated Expen	ditures
		Private Funds		Private Funds (e.g.		
	Institutional	(e.g. Institution	Amount Above	Institutional	Institution	Amount Above
	Operating Funds	Foundations)	Standard Benefit	Operating Funds	Foundations)	Standard Benefit
Base salary	\$275,000			\$300,000		
Medical/dental/vision insurance for self	\$9,221			\$9,784		
Medical/dental/vision insurance for spouse/family						
Long-term disability for self	\$279			\$329		
Deferred compensation	\$25,000			\$25,000		
Retirement benefit	\$17,908			\$18,600		
Other (please specify) housing allowance	\$25,000			\$25,000		
cellphone allowance	\$600			\$600		
automobile allowance				\$5,000		
Total	\$353,008	\$0	\$0	\$384,312	\$0	\$0
Additional life insurance	Value					
	\$600,000					
Annuity	Value					

Other Compensation:

	FY 20	23 Actual Expendit	ures	FY 20	FY 2024 Estimated Expenditures		
	Institutional Operating Funds	Private Funds (e.g. Institutional Foundations)	Estimated Value of Compensation (not reflected in budget)	Institutional Operating Funds	Private Funds (e.g. Institutional Foundations)	Estimated Value of Compensation (not reflected in budget)	
Housing							
Utilities							
Housing allowance (provided for private rent/lease/purchase)							
Housekeeper							
Custodian, groundskeeper							
Insurance for personal property							
Entertainment							
Automobile							
Automobile allowance (provided for private lease/purchase)							
Automobile repair/maintenance/mileage							
Professional development							
Expense for spouse/family to attend meetings							
Club/other memberships	\$2,175			\$2,175			
Other (please specify)							
TOTAL	\$2,175	\$0	\$0	\$2,175	\$0	\$0	

Name: Interim President Clarence Green (FY23) / Dr. Lance Tatum (FY24)

Institution: Northwest Missouri State University

Phone: 660-562-1129
Contact Person: Brooke Hull

Direct Compensation:

All items should be annual dollar amounts. For benefits included in the compensation package for the president/chancellor which exceed those provided for all other employees (other than base salary) indicate the amount of the extra compensation in the specified column.

	FY 20	23 Actual Expendit	ures	FY 20	24 Estimated Expen	
		Private Funds		Private Funds (e.g.		
	Institutional	(e.g. Institution	Amount Above	Institutional	Institution	Amount Above
	Operating Funds	Foundations)	Standard Benefit	Operating Funds	Foundations)	Standard Benefit
Base salary	\$250,000	\$0		\$320,000	\$0	
Medical/dental/vision insurance for self	\$0	\$0	\$0	\$13,409	\$0	\$2,544
Medical/dental/vision insurance for spouse/family	\$0	\$0	\$0	\$24,362	\$0	\$3,893
Long-term disability for self	\$297	\$0	\$0	\$332	\$0	\$0
Deferred compensation	\$0	\$0	\$0	\$20,000	\$0	\$20,000
Retirement benefit	\$74,198	\$0	\$0	\$97,263	\$0	\$0
Other (please specify) Basic Life Insurance	\$284	\$0	\$0	\$462	\$0	\$210
Total	\$324,779	\$0	\$0	\$475,827	\$0	\$26,647
Additional life insurance	\$0					
Annuity	\$0					

Other Compensation:

	FY 20	23 Actual Expendit	ures	FY 20	FY 2024 Estimated Expenditures		
	Institutional Operating Funds	Private Funds (e.g. Institutional Foundations)	Estimated Value of Compensation (not reflected in budget)	Institutional Operating Funds	Private Funds (e.g. Institutional Foundations)	Estimated Value of Compensation (not reflected in budget)	
Housing						\$9,000	
Utilities							
Housing allowance (provided for private rent/lease/purchase)							
Housekeeper							
Custodian, groundskeeper							
Insurance for personal property							
Entertainment							
Automobile							
Automobile allowance (provided for private lease/purchase)	\$16,800			\$16,800			
Automobile repair/maintenance/mileage							
Professional development							
Expense for spouse/family to attend meetings							
Club/other memberships						\$1,500	
Other (please specify)							
TOTAL	\$16,800	\$0	\$0	\$16,800	\$0	\$10,500	

Name: Carlos Vargas-Aburto

Institution: Southeast Missouri State University

Phone: 573-986-6192
Contact Person: Melissia Coffee

Direct Compensation:

All items should be annual dollar amounts. For benefits included in the compensation package for the president/chancellor which exceed those provided for all other employees (other than base salary) indicate the amount of the extra compensation in the specified column.

	FY 20	23 Actual Expendit	ures	FY 2024 Estimated Expenditures			
		Private Funds		Private Funds (e.g.			
	Institutional	(e.g. Institution	Amount Above	Institutional	Institution	Amount Above	
	Operating Funds	Foundations)	Standard Benefit	Operating Funds	Foundations)	Standard Benefit	
Base salary	\$337,127			\$350,612			
Medical/dental/vision insurance for self	\$6,805			\$7,059			
Medical/dental/vision insurance for spouse/family							
Long-term disability for self	\$144			\$144			
Deferred compensation							
Retirement benefit	\$22,028			\$22,837			
Other (please specify)							
Life Insurance & AD&D	\$8			\$8			
Total	\$366,112	\$0	\$0	\$380,660	\$0	\$0	
Additional life insurance	Value						
Annuity	\$30,000						
Vacation Buyback	\$12,967						

Other Compensation:

	FY 20	23 Actual Expendit	ures	FY 20	FY 2024 Estimated Expenditures		
	Institutional Operating Funds	Private Funds (e.g. Institutional Foundations)	Estimated Value of Compensation (not reflected in budget)	Institutional Operating Funds	Private Funds (e.g. Institutional Foundations)	Estimated Value of Compensation (not reflected in budget)	
Housing			\$30,000			\$30,000	
Utilities	\$6,525			\$6,525			
Housing allowance (provided for private rent/lease/purchase)							
Housekeeper							
Custodian, groundskeeper							
Insurance for personal property							
Entertainment							
Automobile			\$7,074			\$7,074	
Automobile allowance (provided for private lease/purchase)							
Automobile repair/maintenance/mileage	\$2,285			\$2,300			
Professional development							
Expense for spouse/family to attend meetings							
Club/other memberships							
Other (please specify)							
Grounds Maintenance			\$8,500			\$8,500	
Automobile Insurance	\$1,415			\$1,600			
TOTAL	\$10,224	\$0	\$45,574	\$10,425	\$0	\$45,574	

Name: Dr. Susan L. Thomas, President

Institution: Truman State University

Phone: 660-785-7607

Contact Person: Arletta Nelson, Assistant to the VP fo Administration, Finance & Planning

Direct Compensation:

All items should be annual dollar amounts. For benefits included in the compensation package for the president/chancellor which exceed those provided for all other employees (other than base salary) indicate the amount of the extra compensation in the specified column.

	FY 20	23 Actual Expendit	ures	FY 2024 Estimated Expenditures			
		Private Funds		Private Funds (e.g.			
	Institutional	(e.g. Institution	Amount Above	Institutional	Institution	Amount Above	
	Operating Funds	Foundations)	Standard Benefit	Operating Funds	Foundations)	Standard Benefit	
Base salary	\$274,965			\$282,597			
Medical/dental/vision insurance for self							
Medical/dental/vision insurance for spouse/family	\$10,182			\$11,107			
Long-term disability for self	\$210			\$210			
Deferred compensation	\$55,000		\$55,000	\$55,000		\$55,000	
Retirement benefit	\$72,240			\$77,170			
Other (please specify): AD&D	\$34			\$34			
Life Insurance	\$156			\$156			
FICA	\$14,681			\$15,000			
Total	\$427,468	\$0	\$55,000	\$441,274	\$0	\$55,000	
Additional life insurance	Value						
Annuity	Value						

Other Compensation:

	FY 20	23 Actual Expendit	ures	FY 20	24 Estimated Expen	ditures
	Institutional Operating Funds	Private Funds (e.g. Institutional Foundations)	Estimated Value of Compensation (not reflected in budget)	Institutional Operating Funds	Private Funds (e.g. Institutional Foundations)	Estimated Value of Compensation (not reflected in budget)
Housing	\$18,000			\$18,000		
Utilities	\$11,099			\$11,582		
Housing allowance (provided for private rent/lease/purchase)						
Housekeeper						
Custodian, groundskeeper						
Insurance for personal property	\$255			\$209		
Entertainment						
Automobile	\$3,554			\$3,721		
Automobile allowance (provided for private lease/purchase)						
Automobile repair/maintenance/mileage	\$1,518			\$1,670		
Professional development						
Expense for spouse/family to attend meetings						
Club/other memberships						
Other (please specify)						
TOTAL	\$34,426	\$0	\$0	\$35,182	\$0	\$0

Name: Roger Best

Institution: University of Central Missouri

Phone: 660-543-4406
Contact Person: Lisa Miller

Direct Compensation:

All items should be annual dollar amounts. For benefits included in the compensation package for the president/chancellor which exceed those provided for all other employees (other than base salary) indicate the amount of the extra compensation in the specified column.

	FY 20	23 Actual Expendit	ures	FY 2024 Estimated Expenditures			
		Private Funds		Private Funds (e.g.			
	Institutional	(e.g. Institution	Amount Above	Institutional	Institution	Amount Above	
	Operating Funds	Foundations)	Standard Benefit	Operating Funds	Foundations)	Standard Benefit	
Base salary	\$298,700			\$307,661			
Medical/dental/vision insurance for self	\$8,683			\$9,361			
Medical/dental/vision insurance for spouse/family	\$3,761			\$4,266			
Long-term disability for self	\$464			\$476			
Deferred compensation							
Retirement benefit	\$78,297			\$83,651			
Other (please specify)							
Total	\$389,905	\$0	\$0	\$405,415	\$0	\$0	
Additional life insurance	Value						
Annuity	Value						

Other Compensation:

	FY 20	FY 2023 Actual Expenditures			FY 2024 Estimated Expenditures		
	Institutional Operating Funds	Private Funds (e.g. Institutional Foundations)	Estimated Value of Compensation (not reflected in budget)		Private Funds (e.g. Institutional Foundations)	Estimated Value of Compensation (not reflected in budget)	
Housing							
Utilities							
Housing allowance (provided for private rent/lease/purchase)							
Housekeeper							
Custodian, groundskeeper							
Insurance for personal property							
Entertainment	\$0	\$655		\$0	\$650		
Automobile	\$12,000	\$0		\$12,000	\$0		
Automobile allowance (provided for private lease/purchase)							
Automobile repair/maintenance/mileage							
Professional development	\$7,296	\$0		\$7,903	\$0		
Expense for spouse/family to attend meetings	\$0	\$0		\$0	\$0		
Club/other memberships	\$75	\$0		\$75	\$0		
Other (please specify)							
TOTAL	\$19,371	\$655	\$0	\$19,978	\$650	\$0	

Mun Choi - University of Missouri-Columbia Chancellor (4/14/2020 -

Name: present) -- DUAL ROLE

Institution: University of Missouri System

Phone: **573-882-4310**

Contact Person: Mindy Allen - Associate Director, Compensation

Direct Compensation:

All items should be annual dollar amounts. For benefits included in the compensation package for the president/chancellor which exceed those provided for all other employees (other than base salary) indicate the amount of the extra compensation in the specified column.

	FY 2023 Actual Expenditures 7/1/2022 - 6/30/2023			FY 2024 Estimated	FY 2024 Estimated Expenditures 7/1/2023 - 6/30/2024			
		Private Funds			Private Funds			
	Institutional	(e.g. Institution	Amount Above	Institutional	(e.g. Institution	Amount Above		
	Operating Funds	Foundations)	Standard Benefit	Operating Funds	Foundations)	Standard Benefit		
Base salary	\$775,000			\$950,000				
Medical/dental/vision insurance for self	\$5,714			\$5,970				
Medical/dental/vision insurance for spouse/family	\$12,885			\$13,856				
Long-term disability for self	\$204			\$195				
Deferred compensation	\$150,000		\$150,000	\$200,000		\$200,000		
Retirement benefit	\$104,850			\$153,688				
Other (please specify)								
Deferred Payout								
Vacation Payout				\$36,538				
Short Term Disability				\$2,470				
- ER Paid Life Insurance	\$638			\$728				
- Retiree Health & Welfare	\$9,145			\$10,753				
Total	\$1,058,436	\$0	\$150,000	\$1,374,198	\$0	\$200,000		
Additional life insurance	Value							
Annuity	Value							

Other Compensation:

	FV 2	2224		FY 2024 Estimated Expenditures			
	FY 2	023 Actual Expendi	tures	FY 202	4 Estimated Expen	ditures	
	Institutional Operating Funds	Private Funds (e.g. Institutional Foundations)	Estimated Value of Compensation (not reflected in budget)	Institutional Operating Funds	Private Funds (e.g. Institutional Foundations)	Estimated Value of Compensation (not reflected in budget)	
Housing	university provide	d		university provide	d		
Utilities	\$0						
Housing allowance (provided for private rent/lease/purchase)	\$0						
Housekeeper	\$0						
Custodian, groundskeeper	\$0						
Insurance for personal property	\$0						
Entertainment	\$0						
Automobile	\$0						
Automobile allowance (provided for private lease/purchase)	\$17,868			\$17,868			
Automobile repair/maintenance/mileage	\$0						
Professional development	\$0						
Expense for spouse/family to attend meetings	\$0						
Club/other memberships	\$0						
Other (please specify)							
- ER Contribution to 401(a) (SRP)	45750		45750	49500		49500	
- Taxable reimbursement							
TOTAL	\$63,618	\$0	\$45,750	\$67,368	\$0	\$49,500	

Name: C. Mauli Agrawal - Chancellor (6/20/2018 - present)

Institution: University of Missouri System
Phone: 573-882-4310

Contact Person: Mindy Allen - Associate Director, Compensation

Direct Compensation:

All items should be annual dollar amounts. For benefits included in the compensation package for the president/chancellor which exceed those provided for all other employees (other than base salary) indicate the amount of the extra compensation in the specified column.

		FY 2023 Actual Expenditures 7/1/2022 - 6/30/2023			l Expenditures 7/1	/2023 - 6/30/2024
	,,	Private Funds		Private Funds		
	Institutional	(e.g. Institution	Amount Above	Institutional	(e.g. Institution	Amount Above
	Operating Funds	Foundations)	Standard Benefit	Operating Funds	Foundations)	Standard Benefit
Base salary	\$437,000			\$502,583		
Medical/dental/vision insurance for self	\$4,802			\$4,974		
Medical/dental/vision insurance for spouse/family	\$6,028			\$6,260		
Long-term disability for self	\$204			\$195		
Deferred compensation	\$20,000		\$20,000	\$50,000		\$50,000
Retirement benefit	\$69,013			\$95,010		
Other (please specify)						
Deferred Payout						
Vacation Payout				\$15,883		
Short Term Disability				\$1,339		
- ER Paid Life Insurance	\$242			\$278		
- Retiree Health & Welfare	\$5,511			\$5,978		
Total	\$542,800	\$0	\$20,000	\$682,500	\$0	\$50,000
Additional life insurance	Value					
Annuity	Value					

Other Compensation:

	FY 20	023 Actual Expendi	tures	FY 2024 Estimated Expenditures			
	Institutional Operating Funds	Private Funds (e.g. Institutional Foundations)	Estimated Value of Compensation (not reflected in budget)	Institutional Operating Funds	Private Funds (e.g. Institutional Foundations)	Estimated Value of Compensation (not reflected in budget)	
Housing	\$0						
Utilities Housing allowance (provided for private rent/lease/purchase)	\$0,000			\$30,000			
Housekeeper	\$0						
Custodian, groundskeeper	\$0						
Insurance for personal property	\$0						
Entertainment	\$0						
Automobile Automobile allowance (provided for private lease/purchase)	\$15,000			\$15,000			
Automobile repair/maintenance/mileage	\$0						
Professional development	\$0						
Expense for spouse/family to attend meetings	\$0						
Club/other memberships	\$0						
Other (please specify)	\$0						
- ER Contribution to 401(a)	\$0						
TOTAL	\$45,000	\$0	\$0	\$45,000	\$0	\$0	

Name: Mohammad Dehghani - Chancellor (8/1/2019 - present)

Institution: University of Missouri System

Phone: 573-882-4310

Contact Person: Mindy Allen - Associate Director, Compensation

Direct Compensation:

All items should be annual dollar amounts. For benefits included in the compensation package for the president/chancellor which exceed those provided for all other employees (other than base salary) indicate the amount of the extra compensation in the specified column.

	FY 20	023 Actual Expendi	tures			
	7,	/1/2022 - 6/30/202	23	FY 2024 Estimated	Expenditures 7/1	/2023 - 6/30/2024
		Private Funds			Private Funds	
	Institutional	(e.g. Institution	Amount Above	Institutional	(e.g. Institution	Amount Above
	Operating Funds	Foundations)	Standard Benefit	Operating Funds	Foundations)	Standard Benefit
Base salary	\$549,996			\$600,000		
Medical/dental/vision insurance for self	\$7,250			\$7,488		
Medical/dental/vision insurance for spouse/family	\$17,067			\$18,146		
Long-term disability for self	\$204			\$195		
Deferred compensation	\$85,000		\$85,000	\$85,000		\$85,000
Retirement benefit	\$79,199			\$100,980		
Other (please specify)						
- ER Paid Life Insurance	\$106			\$116		
- Retiree Health & Welfare	\$6,490			\$6,540		
Total	\$745,312	\$0	\$85,000	\$818,465	\$0	\$85,000
Additional life insurance	Value					
Annuity	Value					
	•					·

Other Compensation:

	1			ı				
	FY 20	023 Actual Expendi	tures	FY 202	FY 2024 Estimated Expenditures			
	Institutional Operating Funds	Private Funds (e.g. Institutional Foundations)	Estimated Value of Compensation (not reflected in budget)	Institutional Operating Funds	Private Funds (e.g. Institutional Foundations)	Estimated Value of Compensation (not reflected in budget)		
Housing	university provide	d						
Utilities Housing allowance (provided for private rent/lease/purchase)	\$0 \$0							
Housekeeper	\$0							
Custodian, groundskeeper	\$0							
Insurance for personal property	\$0							
Entertainment	\$0							
Automobile Automobile allowance (provided for private lease/purchase)	\$0 \$15,000			\$15,000				
Automobile repair/maintenance/mileage	\$0							
Professional development	\$0							
Expense for spouse/family to attend meetings	\$0							
Club/other memberships	\$0							
Other (please specify)	\$0							
	\$0							
TOTAL	\$15,000	\$0	\$0	\$15,000	\$0	\$0		

Kristin Sobolik - Chancellor (4/9/2020 - present);

Name: Interim (9/1/2019 - 4/8/2020)

Institution: University of Missouri System

Phone: **573-882-4310**

Contact Person: Mindy Allen - Associate Director, Compensation

Direct Compensation:

All items should be annual dollar amounts. For benefits included in the compensation package for the president/chancellor which exceed those provided for all other employees (other than base salary) indicate the amount of the extra compensation in the specified column.

		FY 2023 Actual Expenditures 7/1/2022 - 6/30/2023			FY 2024 Estimated Expenditures 7/1/2023 - 6/30/2024			
	Institutional Operating Funds	Private Funds (e.g. Institution Foundations)	Amount Above Standard Benefit	Institutional Operating Funds	Private Funds (e.g. Institution Foundations)	Amount Above Standard Benefit		
Base salary	\$426,667	,		\$467,833	,			
Medical/dental/vision insurance for self	\$4,802			\$4,974				
Medical/dental/vision insurance for spouse/family	\$12,111			\$12,836				
Long-term disability for self	\$204			\$195				
Deferred compensation	\$20,000		\$20,000	\$20,000		\$20,000		
Retirement benefit	\$64,690			\$85,717				
Other (please specify)								
Vacation Payout				\$18,269				
Short Term Disability				\$1,235				
- ER Paid Life Insurance	\$353			\$322				
- Retiree Health & Welfare	\$5,035			\$5,099				
Total	\$533,861	\$0	\$20,000	\$616,481	\$0	\$20,000		
Additional life insurance	Value							
Annuity	Value							

Other Compensation:

	FY 20	023 Actual Expendi	tures	FY 2024 Estimated Expenditures			
	Institutional Operating Funds	Private Funds (e.g. Institutional Foundations)	Estimated Value of Compensation (not reflected in budget)	Institutional Operating Funds	Private Funds (e.g. Institutional Foundations)	Estimated Value of Compensation (not reflected in budget)	
Housing	University Provided						
Utilities	\$0						
Housing allowance (provided for private rent/lease/purchase)	\$0						
Housekeeper	\$0						
Custodian, groundskeeper	\$0						
Insurance for personal property	\$0						
Entertainment	\$0						
Automobile Automobile allowance (provided for private	\$0						
lease/purchase)	\$15,000			\$15,000			
Automobile repair/maintenance/mileage	\$0						
Professional development	\$0						
Expense for spouse/family to attend meetings	\$0						
Club/other memberships	\$0						
Other (please specify)	\$26						
- ER Contribution to 401(a)	\$0			\$0			
TOTAL	\$15,026	\$0	\$0	\$15,000	\$0	\$0	

Public Two-Year Colleges

Name: Dr. Katricia Pierson
Institution: Crowder College
Phone: 417-455-5675
Contact Person: Cassie Hale

Direct Compensation:

All items should be annual dollar amounts. For benefits included in the compensation package for the president/chancellor which exceed those provided for all other employees (other than base salary) indicate the amount of the extra compensation in the specified column.

	FY 20	023 Actual Expendi	tures	FY 202	4 Estimated Expen	ditures
		Private Funds			Private Funds	
	Institutional	(e.g. Institution	Amount Above	Institutional	(e.g. Institution	Amount Above
	Operating Funds	Foundations)	Standard Benefit	Operating Funds	Foundations)	Standard Benefit
Base salary	\$200,000			\$210,000		
Medical/dental/vision insurance for self	\$6,720			\$6,720		
Medical/dental/vision insurance for spouse/family						
Long-term disability for self						
Deferred compensation						
Retirement benefit	\$29,974			\$31,424		
Other (please specify)						
Total	\$236,694	\$0	\$0	\$248,144	\$0	\$0
Additional life insurance						
Annuity	Value					

Other Compensation:

	FY 20	023 Actual Expendi	tures	FY 2024 Estimated Expenditures		
			Estimated Value			Estimated Value
	Institutional Operating Funds	Private Funds (e.g. Institutional Foundations)	of Compensation (not reflected in budget)	Institutional Operating Funds	Private Funds (e.g. Institutional Foundations)	of Compensation (not reflected in budget)
Housing	operating rands	1 oundations)	budget/	Operating rands	T Gundations,	buuget)
Utilities						
Housing allowance (provided for private rent/lease/purchase)						
Housekeeper						
Custodian, groundskeeper						
Insurance for personal property						
Entertainment						
Automobile Automobile allowance (provided for private lease/purchase)						
Automobile repair/maintenance/mileage						
Professional development						
Expense for spouse/family to attend meetings						
Club/other memberships						
Other (please specify) Teaching 1 credit hour class	\$525			\$525		
TOTAL	\$525	\$0	\$0	\$525	\$0	\$0

Name: Carl Jon Bauer
Institution: East Central College
Phone: 636-584-6501

Contact Person: Ashley Straatmann (636-584-6704)

Direct Compensation:

All items should be annual dollar amounts. For benefits included in the compensation package for the president/chancellor which exceed those provided for all other employees (other than base salary) indicate the amount of the extra compensation in the specified column.

	FY 20	23 Actual Expendit	ures	FY 202	24 Estimated Expen	
		Private Funds		Private Funds (e.g.		
	Institutional	(e.g. Institution	Amount Above	Institutional	Institution	Amount Above
	Operating Funds	Foundations)	Standard Benefit	Operating Funds	Foundations)	Standard Benefit
Base salary	\$172,778			\$193,960		
Medical/dental/vision insurance for self	\$11,206			\$11,726		
Medical/dental/vision insurance for spouse/family	\$11,645		\$11,645	\$12,352		\$12,352
Long-term disability for self	\$258			\$270		
Deferred compensation						
Retirement benefit	\$26,775			\$29,824		
Other - HSA Contribution	\$5,200		\$5,200	\$5,200		\$5,200
Other - Auto Allowance	\$9,000		\$9,000	\$9,000		\$9,000
Other - Adjunct Faculty Stipend	\$670					
Total	\$237,532	\$0	\$25,845	\$262,332	\$0	\$26,552
Additional life insurance	Value					
\$200,000 (additional \$150,000)	\$235					
Annuity	Value					

Other Compensation:

	FY 20)23 Actual Expendit	ures	FY 2024 Estimated Expenditures		
	Institutional Operating Funds	Private Funds (e.g. Institutional Foundations)	Estimated Value of Compensation (not reflected in budget)	Institutional Operating Funds	Private Funds (e.g. Institutional Foundations)	Estimated Value of Compensation (not reflected in budget)
Housing						
Utilities						
Housing allowance (provided for private rent/lease/purchase)						
Housekeeper						
Custodian, groundskeeper						
Insurance for personal property						
Entertainment		\$11,365			\$10,000	
Automobile						
Automobile allowance (provided for private lease/purchase)						
Automobile repair/maintenance/mileage						
Professional development						
Expense for spouse/family to attend meetings						
Club/other memberships						
Other (please specify)						
TOTAL	\$0	\$11,365	\$0	\$0	\$10,000	\$0

Name: Dr. Dena McCaffrey, President

Institution: Jefferson College
Phone: (636)481-3120

Contact Person: John Linhorst, Vice President of Finance and Administration

Direct Compensation:

All items should be annual dollar amounts. For benefits included in the compensation package for the president/chancellor which exceed those provided for all other employees (other than base salary) indicate the amount of the extra compensation in the specified column.

	FY 20	23 Actual Expendit	ures	FY 202	24 Estimated Expen	ditures	
		Private Funds			Private Funds (e.g.		
	Institutional	(e.g. Institution	Amount Above	Institutional	Institution	Amount Above	
	Operating Funds	Foundations)	Standard Benefit	Operating Funds	Foundations)	Standard Benefit	
Base salary	\$179,525			\$200,000			
Medical/dental/vision insurance for self	\$9,397			\$9,425			
Medical/dental/vision insurance for spouse/family	\$0			\$16,398		\$9,540	
Long-term disability for self	\$220			\$220			
Deferred compensation	\$0			\$0			
Retirement benefit	\$27,627			\$30,610			
Other (please specify) QHDHP Contribution	\$1,608			\$1,680			
Life Insurance Board Paid	\$22			\$38			
Total	\$218,399	\$0	\$0	\$258,371	\$0	\$9,540	
Additional life insurance	\$0						
Annuity	\$0						

Other Compensation:

	FY 20	23 Actual Expendit	ures	FY 2024 Estimated Expenditures			
		Private Funds	Estimated Value		Private Funds (e.g.	Estimated Value	
	Institutional	(e.g. Institutional	of Compensation	Institutional	Institutional	of Compensation	
	Operating Funds	Foundations)	(not reflected in	Operating Funds	Foundations)	(not reflected in	
Housing	\$0			\$0			
Utilities	\$0			\$0			
Housing allowance (provided for private							
rent/lease/purchase)	\$0			\$0			
Housekeeper	\$0			\$0			
Custodian, groundskeeper	\$0			\$0			
Insurance for personal property	\$0			\$0			
Entertainment	\$0			\$0			
Automobile	\$0			\$0			
Automobile allowance (provided for private							
lease/purchase)	\$7,200			\$9,600			
Automobile repair/maintenance/mileage	\$0			\$0			
Professional development	\$0			\$0			
Expense for spouse/family to attend meetings	\$0			\$0			
Club/other memberships	\$0			\$0			
Other (please specify)							
TOTAL	\$7,200	\$0	\$0	\$9,600	\$0	\$0	

Name: Dr. Kimberly Beatty- Chancellor

Institution: Metropolitan Community College

Phone: 816-604-1130
Contact Person: Patricia Amick

Direct Compensation:

All items should be annual dollar amounts. For benefits included in the compensation package for the president/chancellor which exceed those provided for all other employees (other than base salary) indicate the amount of the extra compensation in the specified column.

	FY 20	23 Actual Expendit	ures	FY 2024 Estimated Expenditures			
		Private Funds			Private Funds (e.g.		
	Institutional	(e.g. Institution	Amount Above	Institutional	Institution	Amount Above	
	Operating Funds	Foundations)	Standard Benefit	Operating Funds	Foundations)	Standard Benefit	
Base salary	\$375,000			\$386,250			
Medical/dental/vision insurance for self	\$12,024			\$12,213			
Medical/dental/vision insurance for spouse/family	\$6,549			\$8,808			
Long-term disability for self	\$1,037			\$1,069			
Deferred compensation							
Retirement benefit	\$56,046			\$57,777			
Other (please specify)							
403B	\$1,000			\$1,000			
Life Insurance	\$2,700		\$900	\$2,760		\$920	
Total	\$454,356	\$0	\$900	\$469,876	\$0	\$920	
Additional life insurance	Value						
Annuity	Value						

Other Compensation:

	FY 20	23 Actual Expendit	ures	FY 20	FY 2024 Estimated Expenditures		
	Institutional Operating Funds	Private Funds (e.g. Institutional Foundations)	Estimated Value of Compensation (not reflected in budget)	Institutional Operating Funds	Private Funds (e.g. Institutional Foundations)	Estimated Value of Compensation (not reflected in budget)	
Housing							
Utilities							
Housing allowance (provided for private rent/lease/purchase)							
Housekeeper							
Custodian, groundskeeper							
Insurance for personal property							
Entertainment		\$0			\$3,600		
Automobile							
Automobile allowance (provided for private lease/purchase)							
Automobile repair/maintenance/mileage							
Professional development							
Expense for spouse/family to attend meetings							
Club/other memberships							
Other (please specify)							
TOTAL	\$0	\$0	\$0	\$0	\$3,600	\$0	

Nam@r. Thomas Meyer - President of Blue River FY23/CAO FY24

Institution: Metropolitan Community College

Phone: 816-604-1130
Contact Person: Patricia Amick

Direct Compensation:

All items should be annual dollar amounts. For benefits included in the compensation package for the president/chancellor which exceed those provided for all other employees (other than base salary) indicate the amount of the extra compensation in the specified column.

	FY 20	23 Actual Expendit	ures	FY 202	24 Estimated Expen	ditures	
		Private Funds			Private Funds (e.g.		
	Institutional	(e.g. Institution	Amount Above	Institutional	Institution	Amount Above	
	Operating Funds	Foundations)	Standard Benefit	Operating Funds	Foundations)	Standard Benefit	
Base salary	\$180,508			\$185,923			
Medical/dental/vision insurance for self	\$12,024			\$12,213			
Medical/dental/vision insurance for spouse/family	\$6,549			\$2,115			
Long-term disability for self	\$519			\$518			
Deferred compensation							
Retirement benefit	\$27,844			\$28,730			
Other (please specify)							
403B	\$1,000			\$1,000			
Life Insurance	\$1,300		\$434	\$1,339		\$446	
Total	\$229,744	\$0	\$434	\$231,838	\$0	\$446	
Additional life insurance	Value						
Annuity	Value						

Other Compensation:

	FY 20	23 Actual Expendit	ures	FY 2024 Estimated Expenditures		
		Private Funds	Estimated Value	Private Funds (e.g. Estimated Value		
	Institutional	(e.g. Institutional	of Compensation	Institutional	Institutional	of Compensation
	Operating Funds	Foundations)	(not reflected in	Operating Funds	Foundations)	(not reflected in
Housing						
Utilities						
Housing allowance (provided for private rent/lease/purchase)						
Housekeeper						
Custodian, groundskeeper						
Insurance for personal property						
Entertainment						
Automobile	\$7,200					
Automobile allowance (provided for private lease/purchase)						
Automobile repair/maintenance/mileage						
Professional development						
Expense for spouse/family to attend meetings						
Club/other memberships						
Other (please specify)						
TOTAL	\$7,200	\$0	\$0	\$0	\$0	\$0

Name: Dr. Tyjaun Lee - President of Penn Valley FY23/Interim VC of Admin Services FY24

Institution: Metropolitan Community College

Phone: 816-604-1130
Contact Person: Patricia Amick

Direct Compensation:

All items should be annual dollar amounts. For benefits included in the compensation package for the president/chancellor which exceed those provided for all other employees (other than base salary) indicate the amount of the extra compensation in the specified column.

	FY 20	23 Actual Expendit	ures	FY 202	FY 2024 Estimated Expenditures			
		Private Funds		Private Funds (e.g.				
	Institutional	(e.g. Institution	Amount Above	Institutional	Institution	Amount Above		
	Operating Funds	Foundations)	Standard Benefit	Operating Funds	Foundations)	Standard Benefit		
Base salary	\$189,776			\$195,469				
Medical/dental/vision insurance for self	\$10,874			\$11,960				
Medical/dental/vision insurance for spouse/family	\$0			\$0				
Long-term disability for self	\$519			\$551				
Deferred compensation								
Retirement benefit	\$29,188			\$30,114				
Other (please specify)								
403B	\$1,000			\$1,000				
Life Insurance	\$1,368		\$434	\$1,409		\$551		
Total	\$232,725	\$0	\$434	\$240,502	\$0	\$551		
Additional life insurance	Value							
Annuity	Value							

Other Compensation:

	FY 20	23 Actual Expendit	ures	FY 2024 Estimated Expenditures		
		Private Funds	Estimated Value	Private Funds (e.g. Estimated Value		
	Institutional	(e.g. Institutional	of Compensation	Institutional	Institutional	of Compensation
	Operating Funds	Foundations)	(not reflected in	Operating Funds	Foundations)	(not reflected in
Housing						
Utilities						
Housing allowance (provided for private rent/lease/purchase)						
Housekeeper						
Custodian, groundskeeper						
Insurance for personal property						
Entertainment						
Automobile	\$7,200			\$0		
Automobile allowance (provided for private lease/purchase)						
Automobile repair/maintenance/mileage						
Professional development						
Expense for spouse/family to attend meetings						
Club/other memberships						
Other (please specify)						
TOTAL	\$7,200	\$0	\$0	\$0	\$0	\$0

Name: Suzanne Gochis - CAO FY23/President at Blue River FY24

Institution: Metropolitan Community College

Phone: 816-604-1130
Contact Person: Patricia Amick

Direct Compensation:

All items should be annual dollar amounts. For benefits included in the compensation package for the president/chancellor which exceed those provided for all other employees (other than base salary) indicate the amount of the extra compensation in the specified column.

	FY 20	FY 2023 Actual Expenditures			FY 2024 Estimated Expenditures			
		Private Funds		Private Funds (e.g.				
	Institutional	(e.g. Institution	Amount Above	Institutional	Institution	Amount Above		
	Operating Funds	Foundations)	Standard Benefit	Operating Funds	Foundations)	Standard Benefit		
Base salary	\$0			\$183,748				
Medical/dental/vision insurance for self	\$0			\$12,178				
Medical/dental/vision insurance for spouse/family	\$0			\$0				
Long-term disability for self	\$0			\$518				
Deferred compensation								
Retirement benefit	\$0			\$28,409				
Other (please specify)								
403B	\$0			\$0				
Life Insurance	\$0		\$0	\$1,325		\$518		
Total	\$0	\$0	\$0	\$226,179	\$0	\$518		
Additional life insurance	Value							
Annuity	Value							

Other Compensation:

	FY 2023 Actual Expenditures			FY 2024 Estimated Expenditures		
	F1 20	Private Funds	l Estimated Value	Private Funds (e.g. Estimated Value		
	Institutional		of Compensation		Institutional	of Compensation
	Operating Funds	Foundations)	(not reflected in		Foundations)	(not reflected in
Housing						
Utilities						
Housing allowance (provided for private rent/lease/purchase)						
Housekeeper						
Custodian, groundskeeper						
Insurance for personal property						
Entertainment						
Automobile				\$7,200		
Automobile allowance (provided for private lease/purchase)						
Automobile repair/maintenance/mileage						
Professional development						
Expense for spouse/family to attend meetings						
Club/other memberships						
Other (please specify)						
TOTAL	\$0	\$0	\$0	\$7,200	\$0	\$0

Name: Dr. Kathrine Swanson- President of Longview

Institution: Metropolitan Community College

Phone: 816-604-1130
Contact Person: Patricia Amick

Direct Compensation:

All items should be annual dollar amounts. For benefits included in the compensation package for the president/chancellor which exceed those provided for all other employees (other than base salary) indicate the amount of the extra compensation in the specified column.

	FY 20	23 Actual Expendit	ures	FY 20:	24 Estimated Expen	ditures
		Private Funds		Private Funds (e.g.		
	Institutional	(e.g. Institution	Amount Above	Institutional	Institution	Amount Above
	Operating Funds	Foundations)	Standard Benefit	Operating Funds	Foundations)	Standard Benefit
Base salary	\$188,583			\$194,240		
Medical/dental/vision insurance for self	\$9,765			\$10,735		
Medical/dental/vision insurance for spouse/family	\$751			\$751		
Long-term disability for self	\$518			\$551		
Deferred compensation						
Retirement benefit	\$33,117			\$29,936		
Other (please specify)						
403B	\$0			\$0		
Life Insurance	\$1,358		\$453	\$1,399		\$551
Total	\$234,092	\$0	\$453	\$237,613	\$0	\$551
Additional life insurance	Value					
Annuity	Value					

Other Compensation:

	FY 20	23 Actual Expendit	ures	FY 2024 Estimated Expenditures			
	Institutional Operating Funds	Private Funds (e.g. Institutional Foundations)	Estimated Value of Compensation (not reflected in budget)	Institutional Operating Funds	Private Funds (e.g. Institutional Foundations)	Estimated Value of Compensation (not reflected in budget)	
Housing							
Utilities							
Housing allowance (provided for private rent/lease/purchase)							
Housekeeper							
Custodian, groundskeeper							
Insurance for personal property							
Entertainment							
Automobile	\$7,200			\$7,200			
Automobile allowance (provided for private lease/purchase)							
Automobile repair/maintenance/mileage							
Professional development							
Expense for spouse/family to attend meetings							
Club/other memberships							
Other (please specify)							
TOTAL	\$7,200	\$0	\$0	\$7,200	\$0	\$0	

Name: Dr. Ellen Crowe- Acting President Maple Woods FY24

Institution: Metropolitan Community College

Phone: 816-604-1130
Contact Person: Patricia Amick

Direct Compensation:

All items should be annual dollar amounts. For benefits included in the compensation package for the president/chancellor which exceed those provided for all other employees (other than base salary) indicate the amount of the extra compensation in the specified column.

	FY 20	23 Actual Expendit	ures	FY 202	24 Estimated Expen	ditures	
		Private Funds			Private Funds (e.g.		
	Institutional	(e.g. Institution	Amount Above	Institutional	Institution	Amount Above	
	Operating Funds	Foundations)	Standard Benefit	Operating Funds	Foundations)	Standard Benefit	
Base salary	\$0			\$137,500			
Medical/dental/vision insurance for self	\$0			\$11,195			
Medical/dental/vision insurance for spouse/family	\$0			\$0			
Long-term disability for self	\$0			\$386			
Deferred compensation							
Retirement benefit	\$0			\$21,561			
Other (please specify)							
403B	\$0			\$1,000			
Life Insurance	\$0		\$0	\$10,990		\$330	
Total	\$0	\$0	\$0	\$182,632	\$0	\$330	
Additional life insurance	Value						
Annuity	Value						

Other Compensation:

	FY 2023 Actual Expenditures			FY 2024 Estimated Expenditures		
	-	Private Funds	Estimated Value	Private Funds (e.g. Estimated Value		
	Institutional	(e.g. Institutional	of Compensation	Institutional	Institutional	of Compensation
	Operating Funds	Foundations)	(not reflected in	Operating Funds	Foundations)	(not reflected in
Housing						
Utilities						
Housing allowance (provided for private rent/lease/purchase)						
Housekeeper						
Custodian, groundskeeper						
Insurance for personal property						
Entertainment						
Automobile				\$7,200		
Automobile allowance (provided for private lease/purchase)						
Automobile repair/maintenance/mileage						
Professional development						
Expense for spouse/family to attend meetings						
Club/other memberships						
Other (please specify)						
TOTAL	\$0	\$0	\$0	\$7,200	\$0	\$0

Name: Dr. Larry Rideaux- Acting President of Maple Woods FY23/President of Penn Valley FY24

Institution: Metropolitan Community College

Phone: 816-604-1130
Contact Person: Patricia Amick

Direct Compensation:

All items should be annual dollar amounts. For benefits included in the compensation package for the president/chancellor which exceed those provided for all other employees (other than base salary) indicate the amount of the extra compensation in the specified column.

	FY 20	23 Actual Expendit	ures	FY 20	24 Estimated Expen	ditures
		Private Funds		Private Funds (e.g.		
	Institutional	(e.g. Institution	Amount Above	Institutional	Institution	Amount Above
	Operating Funds	Foundations)	Standard Benefit	Operating Funds	Foundations)	Standard Benefit
Base salary	\$180,508			\$204,515		
Medical/dental/vision insurance for self	\$12,024			\$12,213		
Medical/dental/vision insurance for spouse/family	\$6,428			\$8,687		
Long-term disability for self	\$519			\$583		
Deferred compensation						
Retirement benefit	\$27,844			\$31,425		
Other (please specify)						
403B	\$0			\$0		
Life Insurance	\$1,300		\$434	\$1,474		\$491
Total	\$228,623	\$0	\$434	\$258,897	\$0	\$491
Additional life insurance	Value					
Annuity	Value					

Other Compensation:

	FY 20	23 Actual Expendit	ures	FY 2024 Estimated Expenditures		
	Institutional Operating Funds	Private Funds (e.g. Institutional Foundations)	Estimated Value of Compensation (not reflected in budget)	Institutional Operating Funds	Private Funds (e.g. Institutional Foundations)	Estimated Value of Compensation (not reflected in budget)
Housing						
Utilities						
Housing allowance (provided for private rent/lease/purchase)						
Housekeeper						
Custodian, groundskeeper						
Insurance for personal property						
Entertainment						
Automobile	\$7,200			\$7,200		
Automobile allowance (provided for private lease/purchase)						
Automobile repair/maintenance/mileage						
Professional development						
Expense for spouse/family to attend meetings						
Club/other memberships						
Other (please specify)						
TOTAL	\$7,200	\$0	\$0	\$7,200	\$0	\$0

Name: DR JOSEPH GILGOUR
Institution: MINERAL AREA COLLEGE
Phone: 573-518-2188

Contact Person: CRYSTAL COFFMAN

Direct Compensation:

All items should be annual dollar amounts. For benefits included in the compensation package for the president/chancellor which exceed those provided for all other employees (other than base salary) indicate the amount of the extra compensation in the specified column.

	FY 20	FY 2023 Actual Expenditures			4 Estimated Expend	litures
		Private Funds		Private Funds (e.g.		
	Institutional	(e.g. Institution	Amount Above	Institutional	Institution	Amount Above
	Operating Funds	Foundations)	Standard Benefit	Operating Funds	Foundations)	Standard Benefit
Base salary	\$178,400			\$188,400		
Medical/dental/vision insurance for self	\$7,343			\$9,014		
Medical/dental/vision insurance for spouse/family						
Long-term disability for self	\$160			\$160		
Deferred compensation						
Retirement benefit	\$27,212			\$28,731		
Other (please specify)						
H.S.A. Contributions (Board Paid)	\$593			\$734		
Life Insurance (Board Paid)	\$124			\$124		
PTK Club Sponsor	\$1,333					
Total	\$215,166	\$0	\$0	\$227,163	\$0	\$0
Additional life insurance	Value					
Annuity	Value					

Other Compensation:

	FY 20	FY 2023 Actual Expenditures			FY 2024 Estimated Expenditures			
		Private Funds	Estimated Value		Private Funds (e.g.	Estimated Value		
	Institutional	(e.g. Institutional	of Compensation	Institutional	Institutional	of Compensation		
	Operating Funds	Foundations)	(not reflected in	Operating Funds	Foundations)	(not reflected in		
Housing								
Utilities								
Housing allowance (provided for private rent/lease/purchase)								
Housekeeper								
Custodian, groundskeeper								
Insurance for personal property								
Entertainment								
Automobile								
Automobile allowance (provided for private								
lease/purchase)								
Automobile repair/maintenance/mileage	\$12,000			\$12,000				
Professional development								
Expense for spouse/family to attend meetings								
Club/other memberships								
Other (please specify)								
TOTAL	\$12,000	\$0	\$0	\$12,000	\$0	\$0		

Name: Jeffery C. Lashley

Institution: Moberly Area Community College

Phone: 660 263 4100 ext. 11274

Contact Person: Susan Spencer

Direct Compensation:

All items should be annual dollar amounts. For benefits included in the compensation package for the president/chancellor which exceed those provided for all other employees (other than base salary) indicate the amount of the extra compensation in the specified column.

	FY 20	23 Actual Expendit	ures	FY 202	24 Estimated Expen	ditures	
		Private Funds			Private Funds (e.g.		
	Institutional	(e.g. Institution	Amount Above	Institutional	Institution	Amount Above	
	Operating Funds	Foundations)	Standard Benefit	Operating Funds	Foundations)	Standard Benefit	
Base salary	\$225,981			\$250,000			
Medical/dental/vision insurance for self	\$10,200		\$1,284	\$10,752			
Medical/dental/vision insurance for spouse/family	\$16,788		\$14,452	\$10,956		\$9,547	
Long-term disability for self	\$0			\$0			
Deferred compensation	\$0			\$0			
Retirement benefit	\$34,246			\$37,809			
Other (please specify)							
Basic life \$20,000, ADD \$20,000	\$19			\$19			
Total	\$287,234	\$0	\$15,736	\$309,536	\$0	\$9,547	
Additional life insurance	Value						
Annuity	Value						

Other Compensation:

	FY 2023 Actual Expenditures			FY 2024 Estimated Expenditures		
	1120	Private Funds	Estimated Value	Private Funds (e.g. Estimated Value		
	Institutional	(e.g. Institutional	of Compensation	Institutional	Institutional	of Compensation
	Operating Funds	Foundations)	(not reflected in	Operating Funds	Foundations)	(not reflected in
Housing						
Utilities						
Housing allowance (provided for private rent/lease/purchase)						
Housekeeper						
Custodian, groundskeeper						
Insurance for personal property						
Entertainment						
Automobile						
Automobile allowance (provided for private lease/purchase)						
Automobile repair/maintenance/mileage						
Professional development						
Expense for spouse/family to attend meetings						
Club/other memberships						
Other (please specify)						
Cell phone	\$940			\$902		
TOTAL	\$940	\$0	\$0	\$902	\$0	\$0

Name: Dr. Lenny Klaver

Institution: North Central Missouri College

Phone: 660-359-3948
Contact Person: Tyson Otto

Direct Compensation:

All items should be annual dollar amounts. For benefits included in the compensation package for the president/chancellor which exceed those provided for all other employees (other than base salary) indicate the amount of the extra compensation in the specified column.

	FY 20	23 Actual Expendit	ures	FY 20:	24 Estimated Expen	ditures
		Private Funds			Private Funds (e.g.	
	Institutional	(e.g. Institution	Amount Above	Institutional	Institution	Amount Above
	Operating Funds	Foundations)	Standard Benefit	Operating Funds	Foundations)	Standard Benefit
Base salary	\$171,309			\$200,000		
Medical/dental/vision insurance for self	\$7,926			\$8,098		
Medical/dental/vision insurance for spouse/family						
Long-term disability for self						
Deferred compensation						
Retirement benefit	\$25,989			\$30,174		
Other (please specify)						
Life Insurance	\$58				\$50	
Total	\$205,282	\$0	\$0	\$238,322	\$0	\$0
Additional life insurance	Value	7-	, , , ,	,	7-	, , , ,
Annuity	Value					
, undity	value					

Other Compensation:

				5,,000,45,11,1,15,11,1		
	FY 20	23 Actual Expendit		FY 2024 Estimated Expenditures		
		Private Funds	Estimated Value		Private Funds (e.g.	1
	Institutional		of Compensation		Institutional	of Compensation
	Operating Funds	Foundations)	(not reflected in	Operating Funds	Foundations)	(not reflected in
Housing						
Utilities						
Housing allowance (provided for private						
rent/lease/purchase)						
Housekeeper						
Custodian, groundskeeper						
Insurance for personal property						
Entertainment		\$1,200			\$1,200	
Automobile						
Automobile allowance (provided for private						
lease/purchase)	\$11,000			\$11,000		
Automobile repair/maintenance/mileage						
Professional development						
Expense for spouse/family to attend meetings						
Club/other memberships	\$500			\$500		
Other (please specify)						
TOTAL	\$11,500	\$1,200	\$0	\$11,500	\$1,200	\$0

Name: Dr. Hal Higdon - Chancellor

Institution: Ozarks Technical Community College

Phone: 417-447-6643

Contact Person: Drew Courtway

Direct Compensation:

All items should be annual dollar amounts. For benefits included in the compensation package for the president/chancellor which exceed those provided for all other employees (other than base salary) indicate the amount of the extra compensation in the specified column.

	FY 20	23 Actual Expendit	ures	FY 202	24 Estimated Expen	ditures
		Private Funds		Private Funds (e.g.		
	Institutional	(e.g. Institution	Amount Above	Institutional	Institution	Amount Above
	Operating Funds	Foundations)	Standard Benefit	Operating Funds	Foundations)	Standard Benefit
Base salary	\$314,389			\$340,059		
Medical/dental/vision insurance for self	\$7,733			\$8,002		
Medical/dental/vision insurance for spouse/family						
Long-term disability for self	\$97			\$97		
Deferred compensation						
Retirement benefit	\$44,225			\$44,225		
Other (please specify)						
Group Term Life Insurance	\$72			\$72		
Health and Wellness Center	\$624			\$636		
403B	\$27,000		\$27,000	\$30,000		\$30,000
Total	\$394,140	\$0	\$27,000	\$423,091	\$0	\$30,000
Additional life insurance	Value					
Annuity	Value					

Other Compensation: Car Allowance

	FY 2023 Actual Expenditures			FY 2024 Estimated Expenditures			
		Private Funds	Estimated Value		Private Funds (e.g.	Estimated Value	
	Institutional	(e.g. Institutional	of Compensation	Institutional	Institutional	of Compensation	
	Operating Funds	Foundations)	(not reflected in	Operating Funds	Foundations)	(not reflected in	
Housing							
Utilities							
Housing allowance (provided for private							
rent/lease/purchase)							
Housekeeper							
Custodian, groundskeeper							
Insurance for personal property							
Entertainment							
Automobile							
Automobile allowance (provided for private							
lease/purchase)	\$12,120			\$12,120			
Automobile repair/maintenance/mileage	\$3,034			\$1,291			
Professional development							
Expense for spouse/family to attend meetings							
Club/other memberships							
Other (please specify)							
TOTAL	\$15,154	\$0	\$0	\$13,411	\$0	\$0	

Name: Dr. Dusty Childress - President, OTC Education Centers

Institution: Ozarks Technical Community College

Phone: 417-447-6643

Contact Person: Drew Courtway

Direct Compensation:

All items should be annual dollar amounts. For benefits included in the compensation package for the president/chancellor which exceed those provided for all other employees (other than base salary) indicate the amount of the extra compensation in the specified column.

	FY 20	23 Actual Expendit	ures	FY 20	24 Estimated Expen	
		Private Funds		Private Funds (e.g.		
	Institutional	(e.g. Institution	Amount Above	Institutional	Institution	Amount Above
	Operating Funds	Foundations)	Standard Benefit	Operating Funds	Foundations)	Standard Benefit
Base salary	\$137,904			\$143,420		
Medical/dental/vision insurance for self	\$7,733			\$8,002		
Medical/dental/vision insurance for spouse/family						
Long-term disability for self	\$97			\$126		
Deferred compensation						
Retirement benefit	\$21,117			\$21,956		
Other (please specify)						
Group Term Life Insurance	\$72			\$72		
Health and Wellness Center	\$624			\$636		
Total	\$167,547	\$0	\$0	\$174,213	\$0	\$0
Additional life insurance	Value					
Annuity	Value					

Other Compensation:

	FY 20	23 Actual Expendit	ures	FY 2024 Estimated Expenditures		
	Institutional Operating Funds	Private Funds (e.g. Institutional Foundations)	Estimated Value of Compensation (not reflected in budget)	Institutional Operating Funds	Private Funds (e.g. Institutional Foundations)	Estimated Value of Compensation (not reflected in budget)
Housing						
Utilities						
Housing allowance (provided for private rent/lease/purchase)						
Housekeeper						
Custodian, groundskeeper						
Insurance for personal property						
Entertainment						
Automobile						
Automobile allowance (provided for private lease/purchase)						
Automobile repair/maintenance/mileage	\$4,370			\$3,558		
Professional development						
Expense for spouse/family to attend meetings						
Club/other memberships						
Other (please specify)						
TOTAL	\$4,370	\$0	\$0	\$3,558	\$0	\$0

Name: Dr. Cliff Davis - President, Richwood Valley Campus

Institution: Ozarks Technical Community College

Phone: 417-447-6643

Contact Person: Drew Courtway

Direct Compensation:

All items should be annual dollar amounts. For benefits included in the compensation package for the president/chancellor which exceed those provided for all other employees (other than base salary) indicate the amount of the extra compensation in the specified column.

	FY 20	23 Actual Expendit	ures	FY 20	24 Estimated Expen	
		Private Funds		Private Funds (e.g.		
	Institutional	(e.g. Institution	Amount Above	Institutional	Institution	Amount Above
	Operating Funds	Foundations)	Standard Benefit	Operating Funds	Foundations)	Standard Benefit
Base salary	\$153,251			\$159,381		
Medical/dental/vision insurance for self	\$7,733			\$8,002		
Medical/dental/vision insurance for spouse/family						
Long-term disability for self	\$97			\$112		
Deferred compensation						
Retirement benefit	\$23,343			\$24,271		
Other (please specify)						
Group Term Life Insurance	\$72			\$72		
Health and Wellness Center	\$624			\$636		
Total	\$185,120	\$0	\$0	\$192,473	\$0	\$0
Additional life insurance	Value					
Annuity	Value					

Other Compensation:

	FY 20	23 Actual Expendit	ures	FY 2024 Estimated Expenditures		
	Institutional Operating Funds	Private Funds (e.g. Institutional Foundations)	Estimated Value of Compensation (not reflected in budget)	Institutional Operating Funds	Private Funds (e.g. Institutional Foundations)	Estimated Value of Compensation (not reflected in budget)
Housing						
Utilities						
Housing allowance (provided for private rent/lease/purchase)						
Housekeeper						
Custodian, groundskeeper						
Insurance for personal property						
Entertainment						
Automobile						
Automobile allowance (provided for private lease/purchase)						
Automobile repair/maintenance/mileage	\$3,429			\$1,655		
Professional development						
Expense for spouse/family to attend meetings						
Club/other memberships						
Other (please specify)						
TOTAL	\$3,429	\$0	\$0	\$1,655	\$0	\$0

Name: Dr. Robert Griffith - President, Table Rock Campus

Institution: Ozarks Technical Community College

Phone: 417-447-6643

Contact Person: Drew Courtway

Direct Compensation:

All items should be annual dollar amounts. For benefits included in the compensation package for the president/chancellor which exceed those provided for all other employees (other than base salary) indicate the amount of the extra compensation in the specified column.

	FY 20	23 Actual Expendit	ures	FY 20	24 Estimated Expen	
		Private Funds		Private Funds (e.g.		
	Institutional	(e.g. Institution	Amount Above	Institutional	Institution	Amount Above
	Operating Funds	Foundations)	Standard Benefit	Operating Funds	Foundations)	Standard Benefit
Base salary	\$137,904			\$143,420		
Medical/dental/vision insurance for self	\$7,733			\$8,002		
Medical/dental/vision insurance for spouse/family						
Long-term disability for self	\$97			\$112		
Deferred compensation						
Retirement benefit	\$21,117			\$21,956		
Other (please specify)						
Group Term Life Insurance	\$72			\$72		
Health and Wellness Center	\$624			\$636		
Total	\$167,548	\$0	\$0	\$174,198	\$0	\$0
Additional life insurance	Value					
Annuity	Value					

Other Compensation:

	FY 20	23 Actual Expendit	ures	FY 20	24 Estimated Expen	ditures
	Institutional Operating Funds	Private Funds (e.g. Institutional Foundations)	Estimated Value of Compensation (not reflected in budget)	Institutional Operating Funds	Private Funds (e.g. Institutional Foundations)	Estimated Value of Compensation (not reflected in budget)
Housing						
Utilities						
Housing allowance (provided for private rent/lease/purchase)						
Housekeeper						
Custodian, groundskeeper						
Insurance for personal property						
Entertainment						
Automobile						
Automobile allowance (provided for private lease/purchase)						
Automobile repair/maintenance/mileage	\$3,481			\$3,458		
Professional development						
Expense for spouse/family to attend meetings						
Club/other memberships						
Other (please specify)						
TOTAL	\$3,481	\$0	\$0	\$3,458	\$0	\$0

Name: Dr. Barbara Kavalier

Institution: St. Charles Community College

Phone: 636-922-8000
Contact Person: Jessica Trimborn

Direct Compensation:

All items should be annual dollar amounts. For benefits included in the compensation package for the president/chancellor which exceed those provided for all other employees (other than base salary) indicate the amount of the extra compensation in the specified column.

	FY 20	23 Actual Expendit	ures	FY 20:	FY 2024 Estimated Expenditures			
		Private Funds			Private Funds (e.g.			
	Institutional	(e.g. Institution	Amount Above	Institutional	Institution	Amount Above		
	Operating Funds	Foundations)	Standard Benefit	Operating Funds	Foundations)	Standard Benefit		
Base salary	\$278,392			\$292,000				
Medical/dental/vision insurance for self	\$9,599		\$1,109	\$9,759		\$1,131		
Medical/dental/vision insurance for spouse/family								
Long-term disability for self	\$900		\$900	\$900		\$900		
Deferred compensation	\$13,462		\$13,462	\$14,000		\$14,000		
Retirement benefit	\$41,759			\$43,755				
Other (please specify) Insurance	\$4,437		\$4,381	\$5,541		\$5,499		
Total	\$348,549	\$0	\$19,853	\$365,955	\$0	\$21,530		
Additional life insurance	Value							
Annuity	Value							

Other Compensation:

	EV 20	23 Actual Expendit	uroc	FY 2024 Estimated Expenditures			
	1120	Private Funds	Estimated Value	11202	Private Funds (e.g.		
	Institutional	(e.g. Institutional	of Compensation	Institutional	Institutional	of Compensation	
	Operating Funds	Foundations)	(not reflected in	Operating Funds	Foundations)	(not reflected in	
Housing							
Utilities							
Housing allowance (provided for private rent/lease/purchase)							
Housekeeper							
Custodian, groundskeeper							
Insurance for personal property							
Entertainment							
Automobile							
Automobile allowance (provided for private							
lease/purchase)	\$12,000			\$12,000			
Automobile repair/maintenance/mileage							
Professional development							
Expense for spouse/family to attend meetings							
Club/other memberships							
Other (please specify)	\$2,400			\$2,400			
TOTAL	\$14,400	\$0	\$0	\$14,400	\$0	\$0	

Name: Jeff Pittman, Chancellor

Institution: St. Louis Community College

Phone: 314-539-5150

Contact Person: Mark Swadener VCF, CFO 314-539-5278

Direct Compensation:

All items should be annual dollar amounts. For benefits included in the compensation package for the president/chancellor which exceed those provided for all other employees (other than base salary) indicate the amount of the extra compensation in the specified column.

	FY 20	FY 2023 Actual Expenditures			FY 2024 Estimated Expenditures			
		Private Funds		Private Funds (e.g.				
	Institutional	(e.g. Institution	Amount Above	Institutional	Institution	Amount Above		
	Operating Funds	Foundations)	Standard Benefit	Operating Funds	Foundations)	Standard Benefit		
Base salary	\$343,227			\$360,388				
Medical/dental/vision insurance for self	\$9,946			\$9,956				
Medical/dental/vision insurance for spouse/family	\$8,064			\$8,078				
Long-term disability for self	\$242			\$242				
Deferred compensation								
Retirement benefit	\$44,225			\$47,850				
Other (please specify) 403(b)	\$24,000		\$24,000	\$24,000		\$24,000		
Basic Life and AD&D	\$605			\$605				
Total	\$430,309	\$0	\$24,000	\$451,119	\$0	\$24,000		
Additional life insurance	Value							
Annuity	Value							

Other Compensation:

	FY 2023 Actual Expenditures			FY 2024 Estimated Expenditures		
	F1 20	Private Funds	l Estimated Value	Private Funds (e.g. Estimated Value		
	Institutional		of Compensation		Institutional	of Compensation
	Operating Funds	Foundations)	(not reflected in			(not reflected in
Housing						
Utilities						
Housing allowance (provided for private rent/lease/purchase)	\$24,000			\$24,000		
Housekeeper						
Custodian, groundskeeper						
Insurance for personal property						
Entertainment						
Automobile						
Automobile allowance (provided for private lease/purchase)	\$11,100			\$11,100		
Automobile repair/maintenance/mileage						
Professional development						
Expense for spouse/family to attend meetings						
Club/other memberships	\$8,088			\$8,088		
Other (please specify)						
TOTAL	\$43,188	\$0	\$0	\$43,188	\$0	\$0

Name: Elizabeth Perkins, Florissant Valley Campus President

Institution: St. Louis Community College

Phone: 314-513-4237

Contact Person: Mark Swadener VCF, CFO 314-539-5278

Direct Compensation:

All items should be annual dollar amounts. For benefits included in the compensation package for the president/chancellor which exceed those provided for all other employees (other than base salary) indicate the amount of the extra compensation in the specified column.

	FY 20	23 Actual Expendit	ures	FY 20	FY 2024 Estimated Expenditures			
		Private Funds		Private Funds (e.g.				
	Institutional	(e.g. Institution	Amount Above	Institutional	Institution	Amount Above		
	Operating Funds	Foundations)	Standard Benefit	Operating Funds	Foundations)	Standard Benefit		
Base salary	\$173,939			\$182,636				
Medical/dental/vision insurance for self	\$9,673			\$9,683				
Medical/dental/vision insurance for spouse/family	\$5,236			\$5,251				
Long-term disability for self	\$242			\$242				
Deferred compensation								
Retirement benefit	\$26,624			\$27,886				
Other (please specify) Basic Life and AD&D	\$605			\$605				
Total	\$216,320	\$0	\$0	\$226,304	\$0	\$0		
Additional life insurance	Value							
Annuity	Value							

Other Compensation:

	FY 20	23 Actual Expendit	ures	FY 2024 Estimated Expenditures		
	Institutional Operating Funds	Private Funds (e.g. Institutional Foundations)	Estimated Value of Compensation (not reflected in budget)	Institutional Operating Funds	Private Funds (e.g. Institutional Foundations)	Estimated Value of Compensation (not reflected in budget)
Housing						
Utilities						
Housing allowance (provided for private rent/lease/purchase)						
Housekeeper						
Custodian, groundskeeper						
Insurance for personal property						
Entertainment						
Automobile						
Automobile allowance (provided for private lease/purchase)						
Automobile repair/maintenance/mileage						
Professional development						
Expense for spouse/family to attend meetings						
Club/other memberships						
Other (please specify)						
TOTAL	\$0	\$0	\$0	\$0	\$0	\$0

Name: Julie Fickas, Forest Park Campus President

Institution: St. Louis Community College

Phone: 314-644-9280

Contact Person: Mark Swadener VCF, CFO 314-539-5278

Direct Compensation:

All items should be annual dollar amounts. For benefits included in the compensation package for the president/chancellor which exceed those provided for all other employees (other than base salary) indicate the amount of the extra compensation in the specified column.

	FY 20	23 Actual Expendit	ures	FY 202	24 Estimated Expen	
		Private Funds		Private Funds (e.g.		
	Institutional	(e.g. Institution	Amount Above	Institutional	Institution	Amount Above
	Operating Funds	Foundations)	Standard Benefit	Operating Funds	Foundations)	Standard Benefit
Base salary	\$170,715			\$179,251		
Medical/dental/vision insurance for self	\$9,946			\$9,956		
Medical/dental/vision insurance for spouse/family	\$6,190			\$6,204		
Long-term disability for self	\$242			\$242		
Deferred compensation						
Retirement benefit	\$26,196			\$27,435		
Other (please specify) Basic Life and AD&D	\$605			\$605		
Total	\$213,895	\$0	\$0	\$223,693	\$0	\$0
Additional life insurance	Value					
Annuity	Value					

Other Compensation:

	FY 20)23 Actual Expendit	ures	FY 2024 Estimated Expenditures		
	Institutional Operating Funds	Private Funds (e.g. Institutional Foundations)	Estimated Value of Compensation (not reflected in budget)		Private Funds (e.g. Institutional Foundations)	Estimated Value of Compensation (not reflected in budget)
Housing						
Utilities						
Housing allowance (provided for private rent/lease/purchase)						
Housekeeper						
Custodian, groundskeeper						
Insurance for personal property						
Entertainment						
Automobile						
Automobile allowance (provided for private lease/purchase)						
Automobile repair/maintenance/mileage						
Professional development						
Expense for spouse/family to attend meetings						
Club/other memberships						
Other (please specify)						
TOTAL	\$0	\$0	\$0	\$0	\$0	\$0

Name: Feleccia Moore-Davis, Meramec Campus President

Institution: St. Louis Community College

Phone: 314-984-7761

Contact Person: Mark Swadener VCF, CFO 314-539-5278

Direct Compensation:

All items should be annual dollar amounts. For benefits included in the compensation package for the president/chancellor which exceed those provided for all other employees (other than base salary) indicate the amount of the extra compensation in the specified column.

	FY 20	23 Actual Expendit	ures	FY 202	24 Estimated Expen	ditures
		Private Funds		Private Funds (e.g.		
	Institutional	(e.g. Institution	Amount Above	Institutional	Institution	Amount Above
	Operating Funds	Foundations)	Standard Benefit	Operating Funds	Foundations)	Standard Benefit
Base salary	\$170,715			\$179,251		
Medical/dental/vision insurance for self	\$9,946			\$9,956		
Medical/dental/vision insurance for spouse/family	\$4,657			\$4,671		
Long-term disability for self						
Deferred compensation						
Retirement benefit	\$26,196			\$27,435		
Other (please specify) Basic Life and AD&D	\$605			\$605		
Total	\$212,119	\$0	\$0	\$221,918	\$0	\$0
Additional life insurance	Value					
Annuity	Value					

Other Compensation:

	FY 2023 Actual Expenditures			FY 2024 Estimated Expenditures		
	Institutional Operating Funds	Private Funds (e.g. Institutional Foundations)	Estimated Value of Compensation (not reflected in budget)	Institutional Operating Funds	Private Funds (e.g. Institutional Foundations)	Estimated Value of Compensation (not reflected in budget)
Housing						
Utilities						
Housing allowance (provided for private rent/lease/purchase)						
Housekeeper						
Custodian, groundskeeper						
Insurance for personal property						
Entertainment						
Automobile						
Automobile allowance (provided for private lease/purchase)						
Automobile repair/maintenance/mileage						
Professional development						
Expense for spouse/family to attend meetings						
Club/other memberships						
Other (please specify)						
TOTAL	\$0	\$0	\$0	\$0	\$0	\$0

Name: Stephen White, Wildwood Campus President

Institution: St. Louis Community College

Phone: 636-422-2250

Contact Person: Mark Swadener VCF, CFO 314-539-5278

Direct Compensation:

All items should be annual dollar amounts. For benefits included in the compensation package for the president/chancellor which exceed those provided for all other employees (other than base salary) indicate the amount of the extra compensation in the specified column.

	FY 2023 Actual Expenditures			FY 2024 Estimated Expenditures			
	Private Funds			Private Funds (e.g.			
	Institutional	(e.g. Institution	Amount Above	Institutional	Institution	Amount Above	
	Operating Funds	Foundations)	Standard Benefit	Operating Funds	Foundations)	Standard Benefit	
Base salary	\$155,000			\$162,750			
Medical/dental/vision insurance for self	\$9,942			\$9,942			
Medical/dental/vision insurance for spouse/family	\$426			\$426			
Long-term disability for self	\$242			\$242			
Deferred compensation							
Retirement benefit	\$23,916			\$25,040			
Other (please specify) Basic Life and AD&D	\$551			\$590			
Total	\$190,076	\$0	\$0	\$198,990	\$0	\$0	
Additional life insurance	Value						
Annuity	Value						

Other Compensation:

	FY 2023 Actual Expenditures			FY 2024 Estimated Expenditures		
		Private Funds	Estimated Value of Compensation	l	Private Funds (e.g.	Estimated Value of Compensation
	Institutional Operating Funds	Foundations)	(not reflected in budget)	Institutional Operating Funds	Institutional Foundations)	(not reflected in budget)
Housing	Operating rands	1 oundations)	budgeti	Operating Funds	1 oundations)	budgeti
Utilities						
Housing allowance (provided for private rent/lease/purchase)						
Housekeeper						
Custodian, groundskeeper						
Insurance for personal property						
Entertainment						
Automobile						
Automobile allowance (provided for private lease/purchase)						
Automobile repair/maintenance/mileage						
Professional development						
Expense for spouse/family to attend meetings						
Club/other memberships						
Other (please specify)						
TOTAL	\$0	\$0	\$0	\$0	\$0	\$0

Name: Dr. Brent Bates

Institution: State Fair Community College

Phone: 660.596.7301
Contact Person: Keith Acuff

Direct Compensation:

All items should be annual dollar amounts. For benefits included in the compensation package for the president/chancellor which exceed those provided for all other employees (other than base salary) indicate the amount of the extra compensation in the specified column.

	FY 20	23 Actual Expendit	ures	FY 2024 Estimated Expenditures				
		Private Funds			Private Funds (e.g.			
	Institutional	(e.g. Institution	Amount Above	Institutional	Institution	Amount Above		
	Operating Funds	Foundations)	Standard Benefit	Operating Funds	Foundations)	Standard Benefit		
Base salary	\$182,000			\$198,380				
Medical/dental/vision insurance for self	\$9,270			\$9,762				
Medical/dental/vision insurance for spouse/family								
Long-term disability for self								
Deferred compensation								
Retirement benefit	\$27,734			\$30,180				
Other (please specify) Life Insurance	\$177			\$193				
Medicare	\$2,616			\$2,854				
Total	\$221,797	\$0	\$0	\$241,369	\$0	\$0		
Additional life insurance	Value							
Annuity	Value							

Other Compensation:

	FY 2023 Actual Expenditures			FY 2024 Estimated Expenditures		
		Private Funds	Estimated Value	Private Funds (e.g. Estimated Value		
	Institutional	(e.g. Institutional	of Compensation	Institutional	Institutional	of Compensation
	Operating Funds	Foundations)	(not reflected in	Operating Funds	Foundations)	(not reflected in
Housing						
Utilities						
Housing allowance (provided for private rent/lease/purchase)						
Housekeeper						
Custodian, groundskeeper						
Insurance for personal property						
Entertainment						
Automobile						
Automobile allowance (provided for private						
lease/purchase)	\$6,000			\$6,000		
Automobile repair/maintenance/mileage						
Professional development						
Expense for spouse/family to attend meetings						
Club/other memberships						
Other (please specify)						
TOTAL	\$6,000	\$0	\$0	\$6,000	\$0	\$0

Name: Dr. Wesley Payne
Institution: Three Rivers College
Phone: 573-840-9105
Contact Person: Anita Freeman

Direct Compensation:

All items should be annual dollar amounts. For benefits included in the compensation package for the president/chancellor which exceed those provided for all other employees (other than base salary) indicate the amount of the extra compensation in the specified column.

	FY 20	FY 2023 Actual Expenditures			FY 2024 Estimated Expenditures			
		Private Funds		Private Funds (e.g.				
	Institutional	(e.g. Institution	Amount Above	Institutional	Institution	Amount Above		
	Operating Funds	Foundations)	Standard Benefit	Operating Funds	Foundations)	Standard Benefit		
Base salary	\$227,647			\$236,754				
Medical/dental/vision insurance for self	\$8,179			\$8,575				
Medical/dental/vision insurance for spouse/family	\$0			\$0				
Long-term disability for self	\$0			\$0				
Deferred compensation	\$0			\$0				
Retirement benefit	\$34,195			\$35,573				
Other (please specify)								
Total	\$270,021	\$0	\$0	\$280,902	\$0	\$0		
Additional life insurance	Value							
Annuity	Value							

Other Compensation:

				T			
	FY 20	23 Actual Expendit			24 Estimated Expen		
		Private Funds	Estimated Value	l	Private Funds (e.g.		
	Institutional	(e.g. Institutional	of Compensation	Institutional	Institutional	of Compensation	
	Operating Funds	Foundations)	(not reflected in	Operating Funds	Foundations)	(not reflected in	
Housing							
Utilities							
Housing allowance (provided for private rent/lease/purchase)							
Housekeeper							
Custodian, groundskeeper							
Insurance for personal property							
Entertainment							
Automobile			\$13,947			\$4,442	
Automobile allowance (provided for private							
lease/purchase)							
Automobile repair/maintenance/mileage							
Professional development							
Expense for spouse/family to attend meetings							
Club/other memberships							
Other (please specify)							
Cell Phone			\$1,007			\$1,131	
TOTAL	\$0	\$0	\$14,954	\$0	\$0	\$5,573	

State Technical Colleges

Name: Dr. Shawn Strong

Institution: State Technical College of Missouri

Phone: 573-897-5147
Contact Person: Jenny Jacobs

Direct Compensation:

All items should be annual dollar amounts. For benefits included in the compensation package for the president/chancellor which exceed those provided for all other employees (other than base salary) indicate the amount of the extra compensation in the specified column.

	FY 20	23 Actual Expendit	ures	FY 202	24 Estimated Expen	ditures
		Private Funds		Private Funds (e.g.		
	Institutional	(e.g. Institution	Amount Above	Institutional	Institution	Amount Above
	Operating Funds	Foundations)	Standard Benefit	Operating Funds	Foundations)	Standard Benefit
Base salary	\$235,066			\$263,274		
Medical/dental/vision insurance for self	\$8,877			\$9,001		
Medical/dental/vision insurance for spouse/family						
Long-term disability for self	\$1,046			\$1,172		
Deferred compensation						
Retirement benefit	\$61,893			\$71,768		
Other (please specify)						
Total	\$306,882	\$0	\$0	\$345,215	\$0	\$0
Additional life insurance	Value					
Annuity	Value					

Other Compensation:

				T			
	FY 20	23 Actual Expendit		FY 2024 Estimated Expenditures			
		Private Funds	Estimated Value		Private Funds (e.g.		
	Institutional	(e.g. Institutional	of Compensation	Institutional	Institutional	of Compensation	
	Operating Funds	Foundations)	(not reflected in	Operating Funds	Foundations)	(not reflected in	
Housing			\$17,500			\$20,000	
Utilities	\$5,260			\$5,260			
Housing allowance (provided for private rent/lease/purchase)							
Housekeeper							
Custodian, groundskeeper							
Insurance for personal property							
Entertainment							
Automobile			\$11,750			\$14,083	
Automobile allowance (provided for private							
lease/purchase)							
Automobile repair/maintenance/mileage	\$3,946			\$4,000			
Professional development							
Expense for spouse/family to attend meetings							
Club/other memberships							
Other (please specify)							
TOTAL	\$9,206	\$0	\$29,250	\$9,260	\$0	\$34,083	